

# THE *Canadian Hospital*

*A Monthly Journal for Hospital Executives*



Toronto, Can.

*The Edwards Publishing Company*

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In This Issue—

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Planning Institutional Diets  
Efficient Hospital Refrigeration  
News of Hospitals and Staffs

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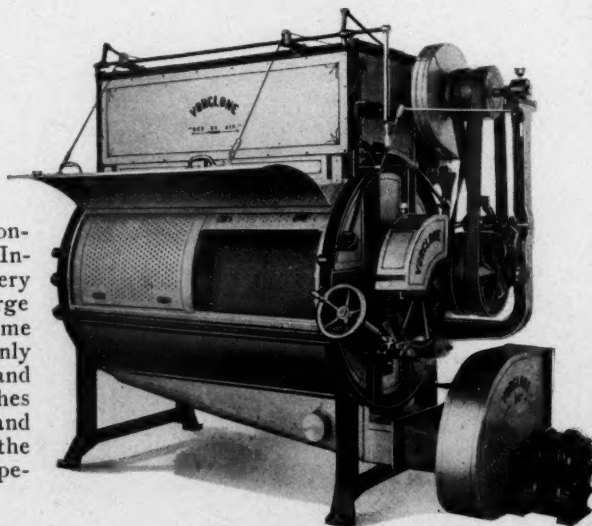
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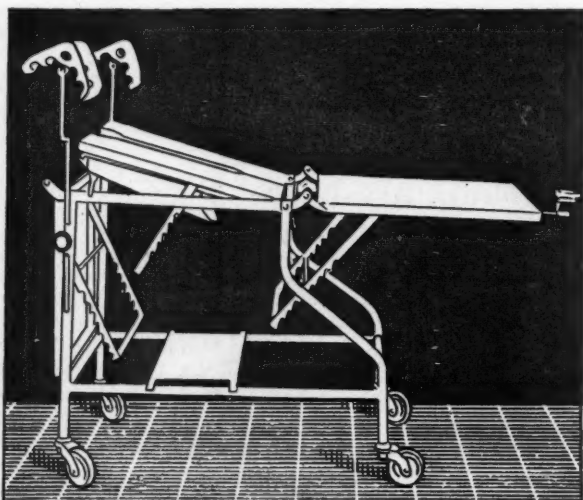
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No. 2

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## Service with a Smile

A hospital in the south is publishing a series of monthly calendars for the purpose of fostering good-will, imparting information regarding hospital routine, charges and other matters of interest. A recent number gave the following information of import to the doctor in particular:

"The entrance to this hospital has been frequently referred to as the entrance to better health, and it has been our intention to sustain this one thought throughout the entire institution.

"All patients are registered by the registration nurse whose desk is adjacent to the main entrance, and the nurse extends to the patient our first friendly greeting. This desk is of decided advantage to the doctor, too, for the registration nurse handles all messages for him.

"Once inside the lobby, it is no distance to the doctors' dressing room, where a private phone, lavatory and individual lockers for their gowns are situated.

"Grouped around the entrance are also the pleasing reception rooms, the executive offices, drug room, emergency room and medical library.

"Throughout this entire institution a home-like atmosphere prevails—it being our intention to aid recovery in every way through the most favorable psychological reaction upon the part of your patients. We offer 'service with a smile.'"



## Efficiency is Economy

A hospital board recently decided to retrench and now the trustees are looking for a new superintendent. The first step in the policy of economy was to reduce the superintendent's salary 33 1/3 per cent. One can easily imagine that this saving, which is trivial when compared to the gross expenditures of the hospital in a year, will not be much of an economy considering the inefficiency that will develop in the period before the appointment of a person who will serve for the reduced pay and the risk of costly and wasteful items and procedures that may creep in during the administration of the admittedly less competent superintendent.

Hospital management is to-day ranked as a profession, and the position of superintendent of a large hospital compares in importance with the general managership of a large corporation. The successful hospital administrator is worth all and more than is usually paid for the work of managing a highly complex institution such as the modern hospital.



## Success to Health Week

"Health is the joy of life. Let's make health popular. Reserve force is necessary to meet the emergencies which arise in every life. Health means the possession of a reserve force of strength and energy and the will to make use of it."

So reads the advance notice of Oshawa's Health Week, which is being sponsored by The County of Ontario Medical Association, the Oshawa General Hospital, the Oshawa Board of Health, and the Provincial Board of Health.

One cannot work if one is not well and we all like to work. Neither can one enjoy living if one is not well. In this athletic, outdoor, fresh-air era it is popular to be buoyantly healthy, aggressively healthy. The knowledge and practice of health-promoting habits, properly balanced diets, and periodical health examinations, are the order of the day. Every success to Health Week. May it accomplish all that its promoters hope for it.



## Pension Scheme For Nurses

A recent despatch from London, England, says: King Edward's Hospital Fund Committee has prepared a draft scheme of pensions for nurses and other officers in our great voluntary hospitals. Hospitals adopting it would contribute ten per cent. and the intending recipients five per cent. The normal pensions age would be nurses 55, officers 60.



## \$500,000 Drive in May for East End Hospital

The financial campaign to raise \$500,000 for the erection of the proposed East End hospital will be launched in May, according to the report of Joseph H. Harris, M.P., chairman of the Toronto East General Hospital Association at the annual meeting in the Riverdale Technical School.

H. M. Cody, representing the legal firm of Ryckman, Denison, Foster & Cody, gave an outline of the charter of the proposed institution, which it is expected will be passed by the Provincial Legislature's Private Bills Committee at an early date. Satisfactory reports were also submitted by R. O. Darling, secretary-treasurer, and other committee conveners, and optimism was general.

Brief addresses were delivered by George Oakley, M.P.P., Aldermen W. A. Summerville, Robert Luxton, A. Carrick, George Smith, J.P., Clifford Blackburn, School Trustee L. W. Trull, ex-Controller W. D. Robbins, ex-Ald. Dr. Robertson, Dr. R. H. Fleming, M.O.H., and Deputy Reeve R. M. Leslie, of East York Township; Dr. E. A. McDonald, George Shields and John L. Bolton, all of whom emphasized the great need of a general hospital for the eastern section of the city, with a population of 140,000 people.

L. W. Trull presided during the election of officers, which resulted in the unanimous re-election of last year's officers as follows:—Chairman, Joseph H. Harris, M.P.; Vice-Chairman, John L. Bolton; Advisory Counsel, E. B. Ryckman, M.P.; Secretary-Treasurer, R. O. Darling. Executive Committee—Dr. J. Lloyd Burns, Alex. Dawson, J. W. Hanson, W. H. Kerwin, W. J. Barchard, Dr. J. Y. Ferguson, F. M. Johnston, Dr. J. E. Knox, Kenneth A. MacIver, Dr. E. A. McDonald, Isaac Pimblett, Dr. W. F. Plewes, Joseph Price, George Shields, Dr. L. O. C. Skeeles and John Walshe.

## Grey Nuns Plan Extensions to Hospital in Regina

Construction to the value of approximately \$150,000 will be carried out in Regina in improvement and extensions at the Grey Nuns' hospital, this spring, if tentative plans now being considered are carried out.

Mother Allaire, formerly Superior of the hospital and now Econome General of the Grey Nuns' Order, at Montreal, was in Regina recently in connection with the proposed building program, which includes a new three-storey wing, power house and a chapel. The estimated costs of the three buildings is \$93,000, \$24,000 and \$18,000 respectively. There will also be other expenditures for equipment, excavations and so on.

Plans for the three buildings are being prepared by Storey & Van Egmond, Regina. Construction of the new wing and power house is practically assured, while the proposed new chapel is still under discussion.

The new wing, which will have a basement, is to measure, over all, 95 feet by 57 feet. It will be of fireproof construction. The three upper floors will contain private wards, some of which will have

private baths and toilets. The wing will provide 48 more private wards, making a total of 170 beds, approximately, in the institution. All toilets and halls will have terrazzo floors. In the basement provision will be made for the nurses' dining room.

A feature of the new wing will be a silent system of signals in the wards. Patients will be able to call for nurses without making the noise and fuss which attends the old buzzer system.

The new power house, which will be erected 65 feet away from the main building, will be 36 feet by 50 feet over all and will house the heating plant for the whole institution. Men's quarters will be provided on top of the power house and the building will be connected with the hospital by a tunnel which will contain the pipes and also serve as a passage way.

The proposed chapel will be an entirely separate building, southeast of the administration part of the hospital, and will be connected with the main institution by a ten-foot passage which will be so constructed on the south side as to serve for a sun room. No details of the projected chapel have been worked out as yet, but it will be made heavy enough to carry two extra storeys if necessary to provide Sisters' quarters.

Besides adding new buildings, the Grey Nuns plan considerable alteration in the interior of the present buildings. An up-to-date and very complete children's ward will be established. Other new features will be a suite for the hospital chaplain, rooms for visiting doctors for consultation, and a glazed-in verandah.

## Renfrew Hospital Suffers Serious Loss by Fire

Twenty bed-ridden patients, including two babies, were carried to safety when the Victoria Hospital, Renfrew, Ont., was practically destroyed by fire which started at 9.45 on the morning of January 14th.

The Renfrew Hotel has been turned into a temporary hospital to accommodate the patients and the nursing staff. Of the eighteen adult patients, four had undergone major operations within the past 48 hours and were in a serious condition.

There was no panic. The fire broke out in the roof, and was first observed from outside. The alarm was immediately given and the nurses, assisted by volunteers, helped or carried out the patients. Half an hour after the fire was discovered, the upper floors were gutted.

Several maternity cases were in the hospital when the fire started. Most of the patients seemed to be perfectly calm as they were hurried from the burning building, and none of them gave the nurses any trouble. The work of removing the patients was directed by Miss McWatters, Lady Superintendent of the hospital.

The Fire Chief is of opinion that the fire started as the result of sparks from a flue, some of which fell on a shingled part of the roof.

The contents of the building were removed to the near-by Armory, with the exception of a new X-ray apparatus. This was covered with tarpaulins and the effect of the damage to it is not yet known.

# Efficient Hospital Refrigeration

*Yearly Losses of Considerable Proportions in Ice and Food Supplies; Unsanitary Conditions and Needless Work, Are Often Due to Lack of Effective Mechanical Refrigeration.*

By SISTER MARY OF GOOD COUNSEL, R.N.

Misericordia Hospital, Edmonton.

The fact that mechanical refrigeration is far more economical than refrigeration obtained through the use of ice is too well founded to be questioned. In many cases food waste and ice waste in connection with hospital refrigeration are permitted to go unchecked, simply because they are considered unavoidable. This loss repeated day after day and month after month results in accumulative financial losses of no small importance to the hospital which suffers the continuance of this unnecessary expense. One of the most important problems of every hospital is the proper and hygienic preservation of food, which is practically impossible where ice is used to cool the refrigerators. Superintendents of hospitals using ice for refrigerating purposes invariably have the same tale of woe—the continuous, big ice bill, smelly and unsanitary refrigerators, the unreliable delivery of ice by the local ice man, the annoyance and dirt accompanying this icing of each refrigerator, and so forth.

Mechanical refrigerating systems are to be had which will meet every hospital requirement. Our opinion is that no institution must be so particular in the selection of a refrigerating system as the modern hospital, for it is one of the most important parts of the entire mechanical equipment. Facilities for the cooling of food storage, of the diet kitchen, of the laboratory, drug and morgue refrigerators, and also for the cooling of drinking water, and the making of ice are easily provided for. Absolute regulation of refrigerator temperatures can be accomplished. Any system which might be a source of discomfort or danger to the patients, or hospital staff, must not be considered. Many leading hospital consultants, architects and engineers prefer the compression system of refrigeration. The refrigerating plant is comprised of three parts:

- (1) A compressor in which the gas is compressed.
- (2) A condenser in which the warm, compressed gas imparts its heat to cold water and liquifies.
- (3) Expansion coils in which the liquid gas expands into its original gaseous state, thereby absorbing heat and performing the refrigerating work.

In order to make the operation continuous, the three parts are connected, the charge of carbonic anhydride originally put into the machine being used over and over, going progressively through the process of compression, condensation and evaporation. Thus only a small quantity of gas is required to replace losses.

The requirements and conditions governing an installation are individual to particular hospitals and institutions. For the small hospital of about 30-bed capacity, where it is desired to cool only one general storage refrigerator, the cooling coils are placed directly in this refrigerator. This is known as a direct expansion system, because the refrigerant is expanded directly into these coils. In some

instances the direct expansion system is supplemented by the addition of a brine holdover storage tank, which is also placed directly in the refrigerator. Part of the direct expansion coils are placed as a storage battery and assist in maintaining the desired temperatures in the refrigerator at such time as the machine is not in operation. In hospitals or institutions where, in addition to the general storage refrigerator, it is desired to cool diet kitchen or other refrigerators, or where the refrigerators are widely scattered, the cooling is performed by brine which is circulated through coils in the refrigerators by means of a small pump. This brine is originally cooled by a double pipe brine cooler or in a storage tank by means of direct expansion coils, using the refrigerant as the original cooling medium. Refrigerating plants can be installed in old hospitals as well as new. Mechanical refrigeration insures a perfectly dry cold in refrigerator and guarantees minimum deterioration to the ice box as well as the food in storage. The modern refrigerating plant does not require the services of an engineer and the cost of operation is so low that the initial cost is absorbed in a very short time.

## Food Supply.

There is but one economy in regard to food, and that is to furnish the best and to have it prepared and served in the very best possible manner. Any effort to economize by sacrificing the quality or the quantity would be penny wise and pound foolish, and it is equally as much against economy to have it poorly and unappetizingly prepared. At the Misericordia Hospital, the ground floor of the south wing is devoted entirely to general service. Here we have the receiving room supplied with trucks and elevator to care for incoming supplies, the refrigerators to care for the perishable goods, the bake shop and the preparation room where all food is prepared for cooking. The kitchen is next and has bountiful floor space and a plentiful supply of light and air. Electrical machinery has been installed to facilitate the operation of this department, including the electric mixing machine, which is indispensable in modern institutional kitchens, as it can perform so many services for the cook, and the modern type of dishwasher which sterilizes the dishes—a function which is most important. The cooking is done by steam and gas, and large steam tables with metal containers keep the food piping hot. Adjoining this is the diet kitchen where the trays are prepared and sent by means of electric lifts to the different departments. The Sisters in charge buy the supplies of fresh fruit and vegetables, prepare the menus for the several departments and supervise the cooking generally. By confining the cooking, serving and distribution of supplies to this one department we have eliminated waste and disorder from the rest of the hospital and have been able to give better service to our patients.

## "A Hospital Problem Survey"

*A layman's views on financing, organization and relation of departments calculated to foster the higher ideals of hospital service.*

By E. E. DUTTON,

Secretary-Treasurer, Galt Hospital, Lethbridge.

Probably a few explanatory remarks may not be out of place in connection with this paper (which has been written with a certain amount of reluctance), and which will no doubt increase as the paper is read.

In the first place, I would have you bear in mind that the viewpoints here expressed are those of a layman, and that, therefore, the professional or technical matters of hospital life are more or less (probably more) foreign to my knowledge. That fact may not be without its advantages, for one is sometimes better able to grasp the full significance of any situation by viewing it from the outside of a circle, wherein, as in the hospital world, the great importance of the professional aspect may obscure a clear and impartial view of the whole condition.

And then, it would be well for you to remember that the outlook in writing this paper is a limited one, limited by the locality of the southern part of this Province, and particularly by the hospital situation existing in the city of Lethbridge, with which I have the honor of being associated.

I think it would make very interesting reading if we had prepared for us a historical resumé of the hospital life of this Province. The progress that has been made in this department of public service is so marked and obvious as to scarcely need comment, but it is well for us to keep in mind what we have grown from, how we are continuing to develop, to determine what is the goal at which we aim, and by so doing take natural pride in the achievements that have been accomplished and the promises that they give for the future.

The medical profession, particularly, no doubt greatly appreciate the hospital facilities that now exist. Probably there are some here, who can recall the difficulties under which the physician practised in the pioneering days of this Province, with no hospital at hand to which his patient could be conveyed, necessitating oftentimes the performance of major operations in the crude dwellings where the cases originated, and depending upon the assistance of kindly-disposed neighbors—unprofessional and untrained—for nursing care and attention.

I am given to understand that the only hospitals that existed in those early days were those attached to the Mounted Police posts, which were available for general use at times, until later—and I make this statement with a feeling of pride—general hospitals were established in the southern part of this Province, probably at Lethbridge and Medicine Hat, and to which places patients would come from as far as Great Falls to the south of us, from portions of Saskatchewan, and even this northern territory from Calgary to Edmonton would seek the service that was there offered.

Those hospitals were, of course, much different to the hospital in our midst to-day. Nursing ser-

vice would be very limited, and present modern equipment was absolutely lacking, but, in passing and making these comparisons, it is well for us to give full honor to those who, laboring under those difficulties and enormous handicaps, rendered a real service by giving that which cannot be surpassed—the best that they knew.

It is not, however, surprising that the attitude of the public at that time was one of dread of the hospital, a place to be entered only as a last resort, and to be avoided if at all possible. Indeed, it is only recently that this attitude is becoming markedly changed, for many people still consider the best side of a hospital is the "outside." But our progress has led to the point that our hospitals now attract, they invite people, with their atmosphere of restfulness, comfort, and care. But what a difference in our hospital facilities to-day compared with those early days.

Keeping pace with the onward march of new discoveries and inventions, our hospitals offer the best that increasing knowledge makes possible. X-ray plants, laboratory service, helping in diagnosis and determining the best procedure in treatment, with operating and general nursing technique attaining the highest standard of efficiency, and protecting the individual patient to the utmost, thus creating a mental attitude of confidence in the service required. The future also is being taken care of in the excellent tuition rendered our pupils in the training schools, assuring a sufficiency of highly-trained nurses in the days that are to come. And yet, in making these comparisons, there is one principle applicable to both. It is obvious that in the pioneering days referred to, service to the unfortunate was the chief aim and consideration, and this, I trust, is that which dominates our present activities and is not lost in the maze of technical and professional progress.

### The Practical Side.

Now, I wish you to bear with me whilst we consider briefly the practical things of our hospital life. There are dangers lurking, which we might heed. There are many institutions in this country, outside hospitals, which have either closed their doors or found it difficult to keep them open. Social, civic, and, of course, private enterprises, can be found in this class, because the real need did not exist for them, and, after a reaction from enthusiasm they have been discarded. In the cities of this Province I believe we have ample hospital accommodation, and indeed I am somewhat in doubt as to whether, for all practical purposes, we are not actually over-hospitalized. Community vies with community in this matter. We enlarge our buildings, increase our equipment, oftentimes without due consideration to the needs of the occasion, thus adding to the burdens that future generations already have to face. You might point to your per-



centage of accommodation, showing that your institutions are nearly full the year round, but it would be interesting to analyze and to endeavor to determine what could be impartially considered as actual hospital cases.

In the unsettled period of this new country, with our population, to a great extent, transient, it has been the rule for **any** cases of sickness to seek admission to the hospital, not because the hospital, on the merits of the case, was necessary, but because home facilities were lacking, and the actual result is that a considerable percentage of our hospital cases consist of minor ailments, which could be taken care of as beneficially, and certainly as quickly, in the home. This condition will gradually change, and indeed it is obvious to the observer that it is doing so now, and as this country becomes properly settled, and more permanent homes are established, these minor ailments, and the common medical case will become unknown quantities in our hospitals. I believe the time is coming, and coming rapidly, when the hospitals of this Province will find themselves restricted to surgical and only the most serious of medical cases.

And yet, in spite of this fact, what do we find? On the one hand in our cities we have large hospitals, with capacity which is continually increasing, private hospitals, approved, and conducting this public service solely as a business and money-making enterprise, whilst on the other hand, throughout the districts of this Province, agitation proceeds and is encouraged for the establishment of more hospitals under the municipal hospital scheme. We are pursuing a policy, which, at some time in the future, is going to create a serious problem, and I claim that the time is now ripe and the call very urgent, for a complete co-ordination of all hospital service, with a co-operation between country districts and city organizations, so that there may be a correct relation between hospital requirements and hospital supply.

#### The Financial Problem.

In a paper of this kind touching upon generalities, it is incumbent to refer to what is probably the most grievous problem in hospital affairs. I refer to the financial. Under the present system, I believe we have almost exhausted this topic. It has been discussed by experts, and we have waited in vain to find some real solution which will relieve the burden under which most large city institutions labor with the considerable deficits that are usually shown at the end of each working year. On one occasion, I heard a hospital authority state that he always looked with suspicion upon any hospital whose balance sheet did not show a considerable deficit. Meaning this: That the service rendered must always exceed, in actual monetary value, that which is charged to the individual patient. I think that is an admirable principle, but, unfortunately, it is accompanied by the cold fact that in the end somebody has to pay.

It is worthy of note that more and more we are getting down to a business basis in the management of hospital affairs. I do not believe in making our hospitals commercial institutions, where finance is stressed and the welfare of the patient becomes secondary. We have, or should have, a greater

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ideal than that, but it is obvious that the vexatious question of "Where to get the money?" greatly retards our progress, and limits, to a great extent, the perfect efficiency which should be the aim of all hospitals. There is no reason whatever why the same methods which are recognized as legitimate business principles should not be applied to our hospitals. The business man has a necessary commodity to sell and the purchaser is taxed accordingly. The hospital has very necessary service to render—to sell if you like—and the recipient must pay. But there is a weakness in that argument, for whilst, in the business world, the prospective buyer will decide or should decide whether to buy or not according to his means, in the case of the hospital usually the individual has no option.

To retain the highest ideal of hospital service, I believe, as far as is practicable and possible according to the particular conditions existing, in a separation of the professional and business departments, the one concentrating on progressive service to the patient, the other engaged in raising the money and controlling the business destiny of the institution. The one department demanding what is necessary to maintain the ideal, and the other endeavoring, as far as is possible, to satisfy that demand. Real co-operative business administration of this kind can do much to curtail expenditure and not interfere with hospital service, whilst a concentrated application of the complex matter of the collection of accounts will have very beneficial results.

### Collecting Accounts.

I suppose if we could decide how to collect all that we earn there would be no financial problem, but that, of course, will never be done. Our patients consist of those who can pay and do, those who could pay and will not, and those who cannot pay, and it is the duty of the business administrator to analyze the conditions existing in each individual case, taking into account the changing conditions of the particular patient and his district, and maintaining contact with the debtor until the desired result is obtained. This is drab monotony, but the results attending such a concentrated system will surprise you. Nothing more can be done so long as our present condition exists. You have a service to sell; in placing a value on that service you should take into consideration not alone what it is really worth, in dollars, but also the ability of the common people to pay.

I think, however, it does not reflect much to our credit that in these days, when the necessity for co-operation and mutual consideration was never more in evidence than so many cases should come under our personal notice when the conditions compel us to impose absolute hardships upon the residents of this Province by forcing payment of hospital accounts. And yet it has to be done. We have no option if we are to keep our hospitals open. Many cases can be cited where sickness or injury has meant the sacrifice of even years of savings and the necessity of "starting over again." This is a community matter. Health, and the restoration to health, are for the general good.

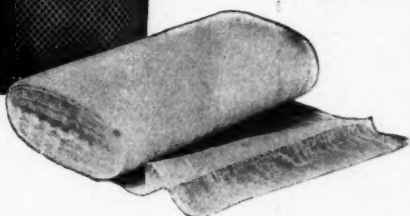
In the city of Lethbridge, we have public gardens which are the admiration of all visitors to our city. We do not put a fence around those gardens, with

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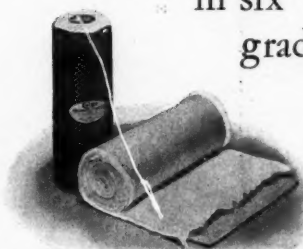
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in eight  
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This is all made possible by the continual growth of a permanent organization of hospital specialists.

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Absorbent Cotton	Cellucotton
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## Seasonability

Now that we have entered upon the New Year, the time is seasonable for worthy fund raising campaigns and institutions with development and extension projects will be able to capitalize the revival of national prosperity. In communities where there may be competitive enterprises, that one will fare best with its fund raising campaign which earliest gets its project before the people and its drive under way.

Mary Frances Kern has furnished the publicity and organization service which has made success possible for hospitals and other institutions throughout the United States. Her campaign methods have been matured by long experience, and they get results.

Mary Frances Kern is not only a campaign executive, but also a hospital executive, and her identification with an extension project is usually constructively valuable to the institution from much more than the campaign standpoint.

More detailed information will be gladly furnished upon request and at no cost to any interested hospital official.

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a toll-gate at the entrance demanding that all who enter pay. It is a public matter, and the general public pay, and I want to suggest that the Hospital Association of this Province might, with advantage, concentrate thought and attention upon evolving some practical and reasonable scheme, whereby the cost of hospital maintenance should be distributed amongst all. It is done in other lands. Why not in Alberta? I feel that if this matter is given serious thought, some workable scheme could be suggested to the Provincial authorities, which would at least start a movement with this in view. Meanwhile, in our enthusiasm for standardization, it would be well if a standardized system of book-keeping and accounting were introduced into the hospitals of this Province, and a uniform policy adopted for the preparation of all statistics, financial and otherwise, so that comparisons may be fair and just.

I cannot let this opportunity pass without referring, in this open convention, to the increasing activities in our hospital life of the American College of Surgeons. Starting in this Province a few years ago, with the great cry of standardization, rapid progress has been made by this organization, with its head office so far away as the city of Chicago, until it now appears to be maintaining a firm hold on each department of our work. I presume that, at least in theory, this movement stands for the protection and guidance of the public in hospital matters, but, realizing that by so doing I am inviting contention and criticism, I am compelled to ask, "By what authority and at whose instigation are the hospitals of the Province of Alberta placed for the judgment of this body of the United States of America?"

Admitting that results, in restricting certain classes of surgery, might justify the principle at stake, I cannot see that the methods employed are altogether sound, or the verdicts given reasonable. By a prior notice, inspectors, uninvited, from this organization outside our Dominion, enter our hospitals, inspecting the records and departments specially prepared for them. From such an annual inspection, reports are compiled, some hospitals are listed as A1, whilst others are in the unfortunate class, with a significant star, Lethbridge, amongst them, reflecting in many cases to the detriment of the hospitals, not for anything in connection with the actual hospital service, but more frequently concerning the private financial affairs of the practising physicians and their patients. Why should hospitals have thrust upon them responsibility for the morality and integrity of the physicians?

We serve the public, but surely it is not our business to also stand guarantors of the doctors' conduct. If any system is necessary to supervise the methods of the profession, then should it not be done directly through the same law which gives the license to practice? If also the protection of the public is the chief concern, then this organization would appear incomplete, for if the surgeon needs organization to control his practices, should not also the physician be subject to a similar authority? The hospitals of this Province operate under the law of the Department of Public Health, and it is reasonable to conclude that that Department

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The rate of Victor obsolescence cannot be accurately determined. The Victor system of standardized construction enables the roentgenologist to add many of the new Victor improvements as they are introduced, thus enabling him to reproduce the results reported with the newer technics. And Victor built-in quality insures the perfect operation of the machine for years.

Whether the X-ray requirements of your hospital are large or small, there is a Victor installation that will answer ideally. Our Engineering Service Department will help to make your X-ray investment a satisfactory one in every way, if you will write us stating briefly the nature of the X-ray work to be done.

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<p><b>X-RAY</b> Diagnostic and Deep Therapy Apparatus. Also manufacturers of the Coolidge Tube</p>		<p><b>PHYSICAL THERAPY</b> High Frequency, Ultra-Violet, Sinusoidal, Galvanic and Phototherapy Apparatus</p>
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**"Yes,  
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And furthermore it will wear like new, for Satin Finish puts more strength into the threads, into the weave and gives renewed resistance to wear.

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free sample and try it.*

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Hospital Department  
COLUMBUS, OHIO, U.S.A.

should be in the best position to determine what standards are necessary for the hospitals under their control without the interference of outside influences, which, by a system of intensive propaganda, constitute the real authority. Confusion becomes worse confounded in our efforts to satisfy the one and the other, and whilst the majority of our hospitals and doctors as well, according to the law, fulfil all the latest requirements, I raise the question as to how far the spirit is lived up to?

However valuable your mass of records may appear, whatever benefits accrue to the hospital patient, at least centralize the authority from which these are to emanate, and be sufficiently jealous of your hospital heritage as to desire a limitation of that authority to your own provincial department. And if any further organization is necessary to supplement this department, then I ask you, in all seriousness, is not the Dominion of Canada big enough and able to form its own society, and would not a Canadian organization, with its better knowledge of local conditions, function more successfully in the interests of our general service? No hospital, worthy of the name, fears impartial judgment, but we at least wish to be masters in our own house and to be willing parties, as hospital representatives, in the determining of what is the best for the conduct of our own domestic affairs.

Finally, concluding that our real aim is for unselfish and disinterested service, the internal condition of each institution should be the central point of progress and reform. Co-operation between each faction is that which stands at the root of success, and only by mutual regard and consideration linking up governing bodies, medical staff, executive heads, nursing staff, and lay employees, with loyalty and devotion following as a natural sequence, will your aim approach realization. And for those of you engaged in the profession of nursing, your own individuality will probably be the greatest influence. Your training and hospital routine might tend to a mechanical performance of your duties, and this tendency should be guarded against. Your hospital patient is something more than a "mere patient," and a combination of that which is most worthy in your individuality, with your professional skill, will add to the quality of your service. Possibly, the human touch, the little kindnesses if you will, will count more with your patient than the matter-of-fact performance of your nursing duties, however proficient those may be.

#### **The Late Dr. R. S. Minnes' Will**

**Ottawa**—The will of the late Dr. R. S. Minnes, famous ophthalmic specialist, who died in Ottawa, Sunday, December 27, is announced by the executors, the Toronto General Trust Corporation, to amount to \$292,310, from which succession duties of \$7,000 have already been deducted. There are small bequests to each of two sisters, Mrs. John K. Robertson of Kingston and Miss Lorraine Minnes, also of that city. There are three bequests each of \$500 to the Ottawa Civic Hospital, Ophthalmic Department, the Protestant Home and the Ottawa Home for the Aged.

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## Amputation for Frostbite at Valley Forge

MEAGER EQUIPMENT • NO ANESTHETIC • ASEPSIS UNDREAMED OF  
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The advance in surgical technique has been paralleled by the improvement in suture material. The highest degree of perfection yet attained in the manufacture of sutures is illustrated on the three following pages

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## Kalmerid Catgut

**GERMICIDAL.** Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.†



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

### TWO VARIETIES

BOILABLE*	NON-BOILABLE
NO.	NO.
1205.....PLAIN CATGUT.....	1405
1225.....10-DAY CHROMIC.....	1425
1245.....20-DAY CHROMIC.....	1445
1285.....40-DAY CHROMIC.....	1485

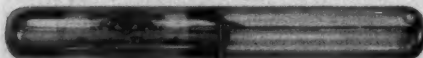
Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size....\$ 3.00  
Gross or more, net per gross..... 28.80

## Claustro-Thermal Catgut

**A**SEPTIC—not germicidal. For surgeons who prefer an inert suture, unimpregnated with any bactericidal substance. Sterilized by heat in cumol, after the tubes are sealed, at 165° C.—329° F. Boilable.\* Unusually flexible for boilable catgut.

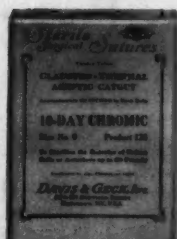


NO.	
105.....	PLAIN CATGUT
125.....	10-DAY CHROMIC CATGUT
145.....	20-DAY CHROMIC CATGUT
185.....	40-DAY CHROMIC CATGUT

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size....\$ 3.00  
Gross or more, net per gross..... 28.80



STANDARD PACKAGE

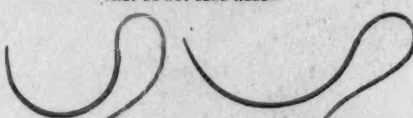
\*For sterilizing the exterior of tubes preliminary to operating, not only may they be boiled but they even may be autoclaved up to thirty pounds pressure, any number of times, without the slightest impairment of the sutures.

## Atraumatic Needles

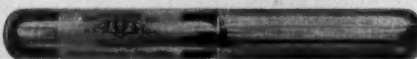
**F**OR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.\*

Experimental evidence has proven 20-day chromic catgut the most suitable for gastro-intestinal suturing. It has been found that gastric wounds are fully healed within 12 days, and intestinal wounds at 16 days. At these periods the 20-day catgut (regardless of size) still retains, respectively, 60 per cent and 30 per cent of its initial strength.

THEY DO NOT BEND HERE



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STRAIGHT NEEDLES ARE IN ROUND TUBES



CURVED NEEDLES ARE IN FLAT TUBES

NO.	INCHES IN TUBE	DOZEN
1341..STRAIGHT NEEDLE.....	28.....	\$3.00
1342..TWO STRAIGHT NEEDLES...	36.....	3.60
1343..1/4-CIRCLE NEEDLE.....	28.....	3.60
1345..1/2-CIRCLE NEEDLE.....	28.....	3.60

Gross, net, \$28.80 and \$34.56 respectively

Sizes: 0 and 1

Packages of 12 tubes of one kind and size

## Kangaroo Tendons

**GERMICIDAL**, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately 30 days. The non-boilable grade is extremely flexible.



NO.	
370.....	NON-BOILABLE GRADE
380.....	*BOILABLE GRADE

Sizes: 0..2..4..6..8..16..24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

Package of 12 tubes of a size....\$ 3.00  
Gross or more, net per gross..... 28.80

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## Non-Absorbable Sutures



NO.	INCHES IN TUBE	SIZES
350..CELLULOID-LINEN.....	60.....	000,00,0
360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..84.....		00,0,1
400..BLACK SILKWORM GUT..84.....		00,0,1
450..WHITE TWISTED SILK...60.....		000 TO 3
460..BLACK TWISTED SILK...60.....		000,0,2
480..WHITE BRAIDED SILK...60.....		00,0,2,4
490..BLACK BRAIDED SILK...60.....		00,1,4

### BOILABLE

Package of 12 tubes of a size... \$ 3.00  
Gross or more, net per gross... 28.80

## Short Sutures for Minor Surgery



NO.	INCHES IN TUBE	SIZES
802..PLAIN KALMERID CATGUT..20..	00,0,1,2,3	
812..10-DAY KALMERID "	..20..00,0,1,2,3	
822..20-DAY KALMERID "	..20..00,0,1,2,3	
862..HORSEHAIR.....	56.....	00
872..WHITE SILKWORM GUT...28.....		0
882..WHITE TWISTED SILK.....20.....		000,0,2
892..UMBILICAL TAPE.....24... 1/8-IN. WIDE		

### BOILABLE

Package of 12 tubes of a size... \$ 1.50  
Gross or more, net per gross... 14.40

## Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



NO.	INCHES IN TUBE	SIZES
904..PLAIN KALMERID CATGUT..20..	00,0,1,2,3	
914..10-DAY KALMERID "	..20..00,0,1,2,3	
924..20-DAY KALMERID "	..20..00,0,1,2,3	
964..HORSEHAIR.....	56.....	00
974..WHITE SILKWORM GUT...28.....		0
984..WHITE TWISTED SILK.....20.....		000,0,2

### BOILABLE

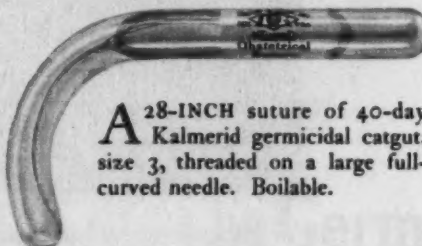
Package of 12 tubes of a size... \$ 2.40  
Gross or more, net per gross... 23.04

The ash of D&G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process



## Obstetrical Sutures

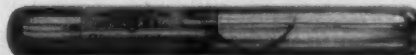
FOR IMMEDIATE REPAIR OF PERINEAL LACERATIONS



A 28-INCH suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.

No. 650. Package of one tube... \$ .30  
Gross or more, net per gross... 34.56

## Circumcision Sutures



A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.

No. 600. Package of 12 tubes... \$ 3.00  
Gross or more, net per gross... 28.80

## Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	14
3	

†Potassium-mercuric-iodide is one of the best germicides known. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues. It is the ideal bactericide for the preparation of germicidal sutures.

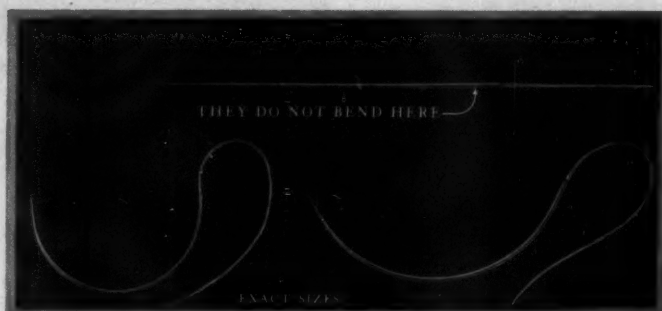
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# D&G ATRAUMATIC NEEDLE

## *with suture attached*



*For gastro-intestinal suturing and for all membranes  
where minimized suture trauma is desirable*

**IMPROVED FEATURES:** Unimpaired strength at union with suture;  
firmly and permanently affixed; absolute continuity of needle and suture

**Affixed to the Boilable Grade of  
20-Day Kalmerid Germicidal Catgut**

which has been proven by exhaustive experimental surgery  
to be the ideal gastro-intestinal suture. Its absorption time  
is correct; it is germicidal; it is flexible



PRODUCT NO.	IN PACKAGES OF TWELVE TUBES OF ONE KIND AND SIZE	DOZEN TUBES
1341. A straight intestinal needle affixed to a 28-inch suture.....		\$3.00
1342. Two straight intestinal needles affixed to a 36-inch suture.....		3.60
1343. A $\frac{3}{8}$ -circle intestinal needle affixed to a 28-inch suture.....		3.60
1345. A half-circle intestinal needle affixed to a 28-inch suture.....		3.60

SIZES: 0 AND 1

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The Eastern Section of Nova Scotia can boast of one of the finest hospital buildings east of Montreal, in St. Martha's Hospital at Antigonish.

A very impressive four-storey structure of most modern fireproof construction, it is situated on very high ground overlooking the village and harbor of Antigonish. The plan of the building takes the form of the letter "H". It is 100 feet 4 inches wide, by 160 feet 8 inches in length. The main entrance faces south. There is ample room for 107 adult patients, and with spacious wards for infants and children.

The most modern methods and materials have been used. The superstructure of the building is carried by steel columns and beams, and reinforced concrete floors. The exterior walls are of hard burned specially selected blue nose brick, with stone trimmings. The exterior walls are all lined with 2-inch furring tile to prevent dampness. The interior partitions are of terra cotta tile made in Nova Scotia. Foundation walls and column footings are of solid concrete. On top of reinforced concrete floors slabs in cushion of cinders and  $\frac{3}{4}$ -inch of cement topping, which forms the base for linoleum, except in the kitchens and toilets where the floors are ceramic tile.

#### Durable Finish.

The interior walls of building are plastered with Rockwell and finish plaster. The dado, four feet high, is carried around all rooms in building by an especially prepared plaster of Keens cement, this making a very hard glossy surface which will withstand a great deal of wear.

The roof of the building is of five-ply tar and gravel, supported on a reinforced concrete slab.

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The different floors have an inter-communicating telephone system, and are also connected by an electrically controlled elevator. Dumb waiters are also placed at different sections of the building for uses in connection with the diet kitchens and pharmacy.

#### Well Laid Out.

The main kitchen situated on the first floor is exceptionally well laid out, having in close proximity the refrigerators and dining rooms. The balance of the first floor is set apart for administration and examination departments.

On the second floor are isolation ward, linen work rooms, dispensaries, private rooms, and large general ward.

The third floor is taken up with private and semi-private rooms and large general ward, also children's ward, very nicely located on the south side of the building.

On the fourth floor are the operating rooms; the eye, nose and throat departments; maternity wards; X-ray department and nursery.

(Continued on page 34)

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A big, husky pail, designed to stand up under rough treatment and give perfect satisfaction. Very popular in hospitals, hotels and all large buildings. Made in 14 qt. and 20 qt. sizes.

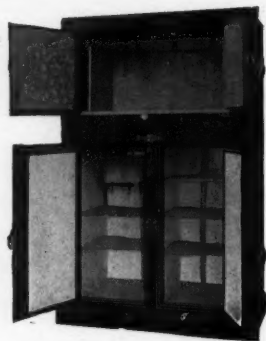
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## DIETETICS

### The Place of the Dietitian in the Hospital

By EDNA W. PARK,

Department of Household Science,  
University of Toronto.

In many institutions the development of a dietary department has been retarded, partly because of ignorance of its value, and partly because it seemed to many that this field belonged to the nursing service. If a hospital is to be up-to-date it must recognize three distinct fields of service: the medical, the nursing and the nutritional, and accord to each the support which it merits as a separate department. The nursing service never can successfully take over the work of a dietary department any more than a group of trained dietitians could take over the nursing service—each must be supreme in its own separate sphere.

The dietary department must be closely related to the medical service so that they may consult with the dietitian as to the dietary treatment of patients suffering especially from metabolic diseases. If dietary therapeutics are to be successfully applied in a hospital there must be a well organized dietary department, in charge of a dietitian who has been scientifically trained in dietetics in a university and has also had experience on the administrative side. The dietitian should be given adequate assistance so that her time may be left free for organization, supervision, consultation and teaching. This latter duty of the dietitian brings her into very close contact with the nursing staff.

The subject of dietetics should be well taught to pupil nurses. They should be taught how to cook, how to serve attractive trays and to calculate special diets accurately. If a nurse is to be of any service to a patient suffering from diabetes she must know the fundamental principles of the dietetic treatment. Where else but in the diet kitchen can she gain that knowledge and experience that will enable her to co-operate successfully with the doctor in the treatment of the patient? Before a patient leaves the hospital, the dietitian should give him a thorough course of instruction in food values and in the principles of his own dietetic treatment so that, if necessary, he may intelligently carry on alone. In many university hospitals in the United States the dietitian is also called upon to give lectures to medical students and thus her field of activity as a teacher is steadily widening.

The dietary department of a hospital thus properly becomes a teaching centre for nurses, patients and medical students and this along with food service are its chief functions.

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Style No. 300—Of best quality bleached drill, neat lapel collar, pockets and cuffs, as illustrated. Detachable buttons.

Price, \$27.00 per doz.  
Trousers to match, \$25.50 per doz.



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Of best quality Indian Head bleached. Closes at back with tie tapes, and long belt sewn on front to tie. Standing collar and long, comfortable, roomy sleeves.

Prices:  
Regular cuffs, \$22.00 per doz.  
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### NURSE'S OPERATING GOWN

Closes down the back with tie tapes, long belt sewn on front to tie at back. Best quality Indian Head bleached.

Prices:  
Regular cuffs, \$22.00 per doz.  
Knitted cuffs, \$24.00 per doz.



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### ORDERLY'S COAT

Style No. 700 — In either plain white or striped, good quality bleached duck. Pockets, collar and cuffs as illustrated.

Price, Plain White, \$21.00 per doz.  
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## News of Hospitals and Staffs

*Condensed News of Hospitals and  
Allied Institutions from Coast to Coast*

### Gift of Statue for Ste. Justine's

**Montreal**—Alfred Laliberte, R.C.A., presented Ste. Justine hospital recently with a statue of the nine-year-old saint of Rome, St. Justine. Her body, discovered in the catacombs with the ampulla of blood sculptured on her tomb signifying martyrdom, was brought to Canada by Montreal's second bishop, Mgr. Bourget.

### Dietitian Takes New Position

**St. John, N.B.**—At a regular meeting of the Board of Commissioners of the Public Hospital, the resignation of Miss Margaret Stewart as dietitian was received with regret, and a committee was appointed to procure a successor. Miss Stewart has accepted a position as travelling dietitian for a products concern of Toronto.

### To Superintend Sanatorium

**Ottawa**—Dr. Duncan A. Carmichael, consulting specialist on chest diseases on the D.S.C.R. staff at Kingston, has been appointed by the management committee of the Royal Ottawa Sanatorium as superintendent of the sanatorium on the recommendation of a committee from the board of directors. His salary will be \$4,200 a year. Dr. Carmichael is a Queen's graduate.

### Perth Hospital Superintendent Resigns

**Perth, Ont.**—Mrs. S. A. Price has resigned as superintendent of the Great War Memorial Hospital of Perth and district. Mrs. Walker is now in charge of the hospital. Mrs. Price has been superintendent of the local institution since its establishment, having reported for duty on February 16, 1923. She came to Perth from Dunnville, Ontario, where she was superintendent of the War Memorial Hospital in that town.

### Nurses Entertain at Dance

**Owen Sound, Ont.**—The staff nurses and the members of the training class of the Owen Sound General and Marine Hospital entertained their friends at a very charming event in the Arcadia on the evening of January 8th. The guests numbered about two hundred and included the officers of the Grey Regiment and their ladies, and representatives of local organization whose hospitality the nurses had enjoyed on other occasions. Miss Georgina Thompson, Superintendent, and Miss McIndoo, Night Supervisor, of the Hospital, received the guests. The big auditorium was decorated in an effective color scheme of purple and yellow.

### Miss Lindsay Goes to Cleveland

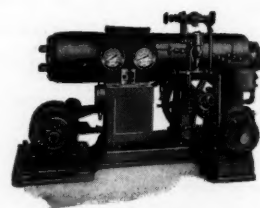
**Pembroke, Ont.**—Miss Alice Lindsay, R.N., graduate of the General Hospital, left here early in January for Cleveland, where she has accepted a position on the staff of the Lakeside Hospital. Miss Finnerty, also a graduate of the General Hospital, has left for Indianapolis, having accepted a position in a hospital there.

### Stratford Hospital Adds to Facilities

**Stratford**—In quest of standardization, and in order to bring the local institution up-to-date with modern medical science, it was decided at a board meeting of the hospital governors to commence at once the installation of modern medical laboratories.

J. A. Makins, chairman of the board, presided at the meeting, with Doctors David Smith and P. F. Quinlan in attendance, representing the Stratford Medical Association.

The new unit will be in charge of Dr. T. Russell Nichols.



**Most Canadian Hospitals using  
Mechanical Refrigeration  
Have**

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*Let us send you the names of those nearest you.*

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**I.O.D.E. Distribute Books**

**Quebec**—The General Turner Chapter of the Daughters of the Empire have started a library for the patients in the Jeffery Hale's Hospital, making fortnightly visits, when the books are distributed to those able to enjoy them, and collected on the subsequent visit, when new books will be given out. A committee has been formed to take charge of this work, composed of Miss Helen Home, convener, the Misses Lucie Doucet, Doris Smith, Evelyn Turner and Barbara Stephens.

**Obituary****Nurse M. Fox**

Nurse M. (Gretta) Fox, Assistant Superintendent of Wingham, Ont., General Hospital, passed away suddenly on January 13th. Miss Fox had not been in the best of health for some time and about a year ago visited the Mayo Clinic at Rochester, Minn., since which time her health had been much improved and she had for several months past resumed her duties at the Wingham Hospital. An unexpected turn for the worse developed and death ensued within a short time.

**Thomas Joseph Workman Burgess**

The death occurred in Montreal on January 18th of Dr. Thomas Joseph Workman Burgess, M.D., F.R.S.C., for many years Superintendent of the Protestant Hospital for Insane at Verdun. Dr. Burgess was in his seventy-seventh year, having been born in Toronto March 11, 1849. He was educated at Upper Canada College and University of Toronto.

Early in life he began a study of mental diseases and later became Assistant Superintendent of Asylums at Hamilton, Ont., and London, Ont. Previous to this Dr. Burgess had been appointed surgeon to the British North America Boundary Commission, and at the close of his work was thanked by his Majesty's Government for the efficient way in which he had carried out his duties.

Burial took place in Toronto.

**Resident of Kentville Donates Property for Hospital**

The outright gift of six dwelling houses and twelve large building lots was proffered the town of Kentville, N.S., by George E. Calkin, eighty years of age, one of the town's most esteemed citizens, who wants to see a modern hospital established in the town, and whose proposed gift is intended to be used as a start towards the realization of his idea.

The only condition attached to Mr. Calkin's offer, is that the town of Kentville shall pass over to a Hospital Board its title to the so-called Exhibition Grounds, which adjoin the property offered by Mr. Calkin, the two properties to be combined for hospital purposes. One of the dwelling houses offered by Mr. Calkin is available for use now, and in it accommodation for twelve beds can be found. It was suggested that after the hospital plant is established on a larger scale, this house would be very suitable for a nurses' home.

The site Mr. Calkin offers the town is considered to be ideal for hospital purposes, as it is on a high elevation, overlooking the town, and is adjacent to the Nova Scotia Sanatorium.

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The RELIEF is also carried in black or tan kid 2 strap slippers, black or tan kid Oxfords, black kid boots, or white cloth Oxfords.

Write for Footgraph Chart  
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TORONTO

# Planning Institutional Diets

*To arrange properly balanced diets it is necessary for those in charge to have thorough training for the work.*

By DOROTHY BUZZELL,

Dietitian, Central Alberta Sanatorium, Calgary.

To-day great emphasis is being laid upon the importance of diet from infancy to old age, and it has been found that a balanced diet is essential to a healthy life. In order to plan and follow this diet, it is necessary to have some knowledge of the composition of the body, what substances it is made of, how the body secures these substances, and how they act when taken into the body. One must also know the composition of foods.

Domestic science is a study of foods, their composition, nutritive value and place in the diet. It also covers a knowledge of the principles of cookery.

The body contains from twenty to thirty elements, the most important of which are oxygen, hydrogen, carbon and nitrogen. These form ninety-seven per cent. of the whole. The remaining three per cent. is made up of mineral matter. All these elements or compounds are found in foods which we eat in different forms and proportions.

## Elements in Food.

Foods build up and repair the body and supply it with energy. They are burned or oxidized in the body just as fuel is burned in the stove. When eaten, food undergoes a chemical change and is taken care of by the digestive system. This process produces energy, maintains the temperature, builds tissue and carries on the work of the body. The body itself is made up of countless cells, these cells in turn are made up of elements and our food supplies these elements. It is therefore of great importance to eat foods containing the correct quantity of supplies needed for this purpose. A perfect food for the body is one which contains all the elements of which the tissue and fluids of the body are composed. Milk is a very valuable food. This is obvious from the fact that it is the natural food for all growing children and young animals.

Food is divided into five classes—namely, proteins, carbohydrates, fats, mineral matter and water. Proteins contain carbon, hydrogen, oxygen, nitrogen, sulphur and generally iron and phosphorous, while fats and carbohydrates contain carbon, hydrogen and oxygen only. Hydrogen is found only in proteins.

The chief function of proteins, is to build tissue, and they only can do this work. They also furnish energy to a small extent. Animal protein foods are meats, fish, eggs and milk. Vegetable protein foods include cereals, peas, beans and the lentils. The principal constituent of protein food is albumen. Albumen, as found in different foods, takes different names, for example,—albumen is found in white of eggs, fibrin in meats, casein in milk and cheese, gluten in wheat and legumen in peas and beans. Gelatin also belongs to this class.

When proteins are burned in the body, ammonia

is set free which neutralizes acids constantly being formed. A common form of indigestion is hyperacidity of the stomach. Proteins are the most expensive foods and for this reason, the poorer classes of people often suffer from insufficient quantities in their diet. The daily requirement of protein necessary for use in the body is not definitely known, but from between eighty to a hundred and eighteen grams is thought to be the amount for a man doing average work. When protein foods are taken in excess, much energy is required in taking care of them, the kidneys are overtaxed, and a general upset occurs. This leads to nephritis and in the worse stages, to Bright's disease. A person suffering in this manner, can be helped by taking a low-protein diet. In acute cases, albumen must be restricted. Chronics can be supplied with enough albumen for the needs of the body. More protein in proportion should be supplied to a child than to an adult, as much material is needed for building and growth as well as for repair.

The function of carbohydrates is to furnish heat and energy and to store up fat. They include foods containing starch and sugar. Examples are vegetables, fruit, cereals, potatoes, sago, tapioca, etc. Carbohydrates are found in the cheapest foods and are apt to be taken in excess. This sometimes causes diabetes or excess sugar in the blood. A prescribed diet keeps this disease under control, but there are only rare cases where a cure has been effected. Sugar is more easily digested than starch, and therefore is a good food to take in times of great exertion, when it furnishes an immediate supply of energy. Because it can be digested so readily, there is danger of excess amounts being taken in candies and very sweet foods. Fermentation in the stomach then takes place.

## Importance of Water.

Fats and oils also furnish heat and energy. They occur in the body as fatty tissue and serve as a reserve supply of fuel in case of sickness when food cannot be taken. Examples of fats are found in all animal foods such as meat, fish, eggs, milk and butter, also in some vegetables and fruits, olives, cocoa, oats and nuts.

Water makes up two-thirds of the weight of the body, and enters into the foundation of every tissue. A large quantity of water needs to be taken, the amount found in foods being insufficient. Water has many important uses in the body. It helps to reduce the food to a liquid so that it can be easily swallowed and digested. It dilutes the digestive juices helping them to act properly. It dilutes the blood and helps carry nutrition to the cells, also aids in removing waste. It promotes circulation thus distributing heat over the whole body and by perspiration regulates the temperature of the body. When sufficient water is not taken into the body the blood gets its supply from the tissues. This



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Gillex is very economical. The usual quantity for all general washing and cleaning is a teaspoonful to a gallon of water.

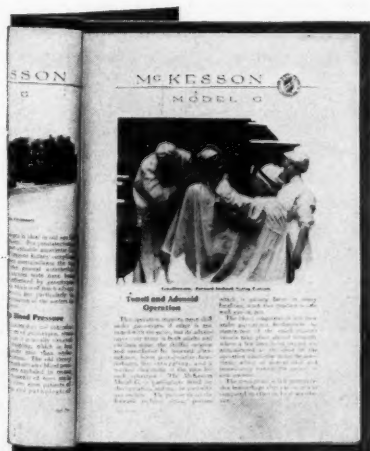
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## Effect of Curds on Infant Digestion

The amount of casein in cow's milk is much greater than in human milk, and it coagulates very much earlier in the infant's stomach forming itself into large, tough masses of curd, while the casein of human milk coagulates much later and sometimes not at all, accounting for the light, flocculent appearance of the curds of human milk, which are quite soft and even in texture.

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### COMPARISON WITH BREAST MILK

	Lactogen Diluted 1 part to 7	Average Breast Milk
Fat . . . . .	3.12	3.107
Lactose . . . . .	6.66	6.303
Protein . . . . .	2.02	1.944
Mineral Salts . . . . .	.44	.192
Moisture . . . . .	87.76	88.454
	100.00	100.00

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results in poor circulation and loss of weight. Hot water is sometimes taken to aid digestion as it stimulates the flow of gastric juice.

The three per cent. of mineral matter found in the body is made up of iron, sulphur, phosphorus, potassium, sodium, calcium, etc. These elements are found in the form of salts and acids. They are most abundant in vegetable foods such as spinach, lettuce, asparagus and green vegetables. Mineral matter is absolutely essential for the building of tissues, for digestion, assimilation and metabolism. Calcium phosphate is the mineral basis of bone, calcium salts are necessary for coagulation of the blood, iron is found in the haemoglobin of red corpuscles and gives power to carry oxygen to the cells. Phosphorus is found in every cell and is essential for metabolism. It is abundant in brain and nerve cells. The chlorides are necessary for the production of hydrochloric acid in the gastric juice. Common salt is in all the tissues.

Examples of mineral matter in foods are—lime in milk, iron in eggs, green vegetables, some fruit and the legumes; phosphorus in wheat, eggs and milk; sulphur in eggs; soda and potash in vegetables. Salt is found alone.

### Vitamines.

Vitamines are growth promoting substances and are essential to children. They are found in milk and egg yolk and especially in green vegetables.

The body needs a certain amount of food daily to supply it with energy for work and for all activities since all energy comes from the food eaten. The food value of different organic substances can be accurately measured, the calorie being the standard unit of measurement. By burning in a calorimeter a measured amount of protein carbohydrate and fat, a certain amount of heat is generated. For example:

- 1 gram protein furnishes 4.1 calories.
- 1 gram carbohydrate furnishes 4.1 calories.
- 1 gram fat furnishes 9.3 calories.

In this way the needs of various individuals can be estimated. Thus a man of average weight, 154 lbs.:

At light work requires 2,300 calories daily.

At medium work requires 2,600 calories daily.

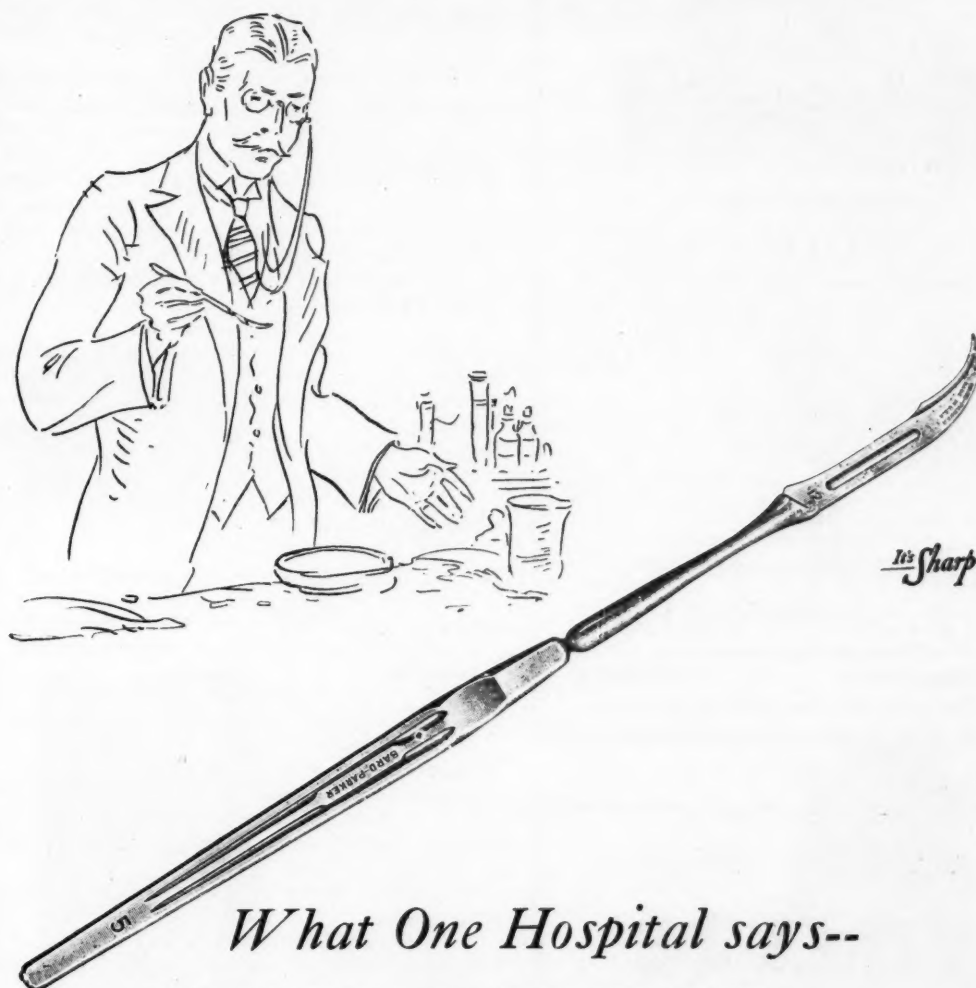
At hard muscular work requires 3,100 calories daily.

At repose requires 2,100 calories daily.

At rest in bed requires 1,800 calories daily.

An average person doing average work needs about 3,000 calories daily. The age, weight, sex, occupation, climate and season all have to do with the number of calories required when estimating the proportions of food for the diet of a person. A mixed diet is suitable for temperate climates. Women require less food than men even though they do the same amount of work. Brain workers need easily digested foods and may substitute fish and eggs for meat. The working man needs quantity so that the stomach may have something to work upon. Corned beef, cabbage, brown bread and pastries will not overtax his digestion. Many diseases occurring after middle life are due to eating and drinking such foods as are required in the prime of life. Age has a marked effect upon the

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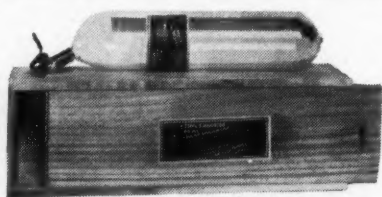
No. 3 and 4 handles—\$1.00 each. No. 5 handle—\$1.50. Blades per gross—\$18.00.

Quantity discounts : Orders from 1 to 5 gross assorted blades —10%. Orders calling for unit delivery of 5 gross or more—15%.

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amounts needed. A child from three to five years old requires four-tenths as much food as a man doing moderate work; from six to nine years one-half the amount, and a boy of fifteen requires as much as a man at light work.

Liquid food, milk or milk preparations should at first make up the diet of the child. After the teeth appear wheat bread, baked potato, cereals, broths and soft cooked eggs may be given. The diet should be increased gradually by cooked fruits, vegetables and simple desserts, and in the third year meat may be given. Avoid salty foods, pastry and rich desserts, candies, tea and coffee.

The following is a day's sample diet for a child of three, six, and ten, respectively:

**A Child of Three.**

Breakfast—Orange juice, cereal, toast and butter.  
 Dinner—Cream soup, poached egg or small amount of meat, baked potato, bread and butter, tapioca cream.

Supper—Steamed rice, milk, bread and butter, marmalade or jam.

**A Child of Six.**

Breakfast—Baked apple, oatmeal, milk, dry toast, butter.

Dinner—Split pea soup, toast, spinach, fish or meat, bread and butter, stewed prunes.

Supper—Baked potato, bread and milk, creamed rice pudding with a 10.00 a.m. feeding of milk and crackers.

**A Child of Ten.**

Breakfast—Stewed fruit, well-cooked cereal, dry toast and butter, milk.

Dinner—Baked fish or meat, potatoes or rice, creamed onions, milk, bread and butter, stewed fruit, cookies and chocolate blanc-mange.

Supper—Cream soup, baked potatoes, bread and milk, apple sauce.

The following are samples of the three standard hospital diets, soft, liquid and light:

**Liquid Diet Trays—without Milk.**

Breakfast—Orange juice, hot malted milk, tea or coffee.

Dinner—Clear soup, beef juice, water ice.

Supper—Lemon albumen, tea, gelatine dessert.

**Soft Diet Tray.**

Breakfast—Orange juice, well-cooked cereal, toast, tea or coffee.

Dinner—Milk, toast or poached eggs on toast, cocoa, junket.

Supper—Cream soup, cream sauce with pureed vegetable, toast, custard.

**Light Diet Tray.**

Breakfast—Orange, soft cooked egg, bacon, toast, coffee.

Dinner—Lamb chop, stuffed baked potato, chopped spinach, gelatine with whipped cream, toast.

Supper—Consomme, broiled chicken, baked potato, creamed asparagus tips, ice cream.

There are many things to be considered when planning meals. The first thing is to satisfy the hunger. This would be an easy matter if everyone was healthy, able to work, and if they liked most of the foods available. In many cases people, especially children, have prejudices against certain foods, perhaps foods that they have never tasted. This can be overcome to a certain extent by ac-

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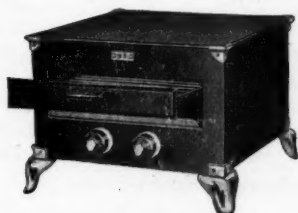
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Specifications are submitted to accompany drawings, describing all fixtures in detail.

Estimates prepared to cover specifications. If the equipment has been planned and specification written, we will gladly quote prices on same.

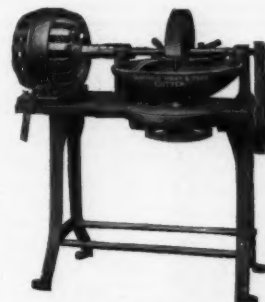
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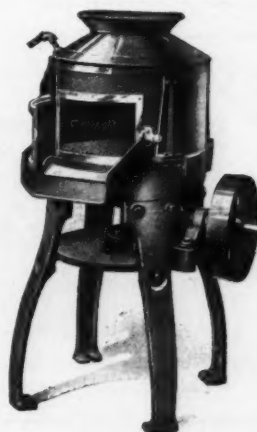
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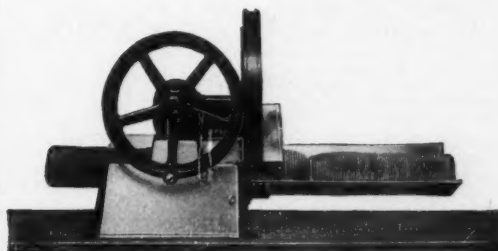
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 TORONTO - - CANADA

quiring an appetite for all foods. Every child should be taught to eat all kinds of foods. It is then easier for them to live wherever they happen to be, it gives them a greater variety and consequently better appetites, also a better balanced diet. The habit of eating foods is acquired more easily in youth, and the chance of recovery from severe illness is better by being able to take all kinds of nourishment. Doctors are often in despair over patients who "cannot take this" and "will not take that."

Cost constantly enters into the calculations when planning meals. This includes the cost of the food itself, the cost of fuel used in cooking, and the time spent in preparing meals. The problem is to study values, so that each expenditure shall be made wisely. In these days people demand as necessities, what were once considered as luxuries. Cheaper foods equally nutritious can often be substitutes for high priced foods and foods in season. Food bought at a small cost is cheap only when it is capable of giving the required nourishment. Otherwise it is an extravagance as it will result in poor nutrition, and that in turn leads to other expenses.

### Economies in Buying.

In institutional buying of meats for example, one must understand the proper cuts of meats, their use, the difference between a cheap cut with much bone and fat, and a cut with every ounce available for use. Buying meat by the side or carcass is a great saving. In purchasing vegetables it is important to know whether they are in season, the quantity it is desirable to buy at one time (this depends on storing facilities) their food value and place in diet, and the effect and time of cooking.

It is well to have a standard cost sheet for each food which can be totalled daily. In this way the cost can be watched and checked, the monthly total reached and comparisons made from one month to another. When buying foods these costs can be referred to which gives one a knowledge of standard prices. Milk and cream, bread, butter and eggs may be bought at contract prices for any number of months. In this way a much better price can be secured. This also holds good for canned goods and groceries. A winter's supply can be bought in canning season and put in store. It gives a feeling of great satisfaction to know that there is a full store room and that supplies may be easily reached upon an emergency.

In planning a balanced diet the first thing to be considered is the number of persons being served from it, their age to a certain extent, their occupation and general health, the number is important as many foods are spoilt by cooking in large quantities.

It is better to reach an average balance for two or three days than to try to balance each meal separately. Secure variety in success of meals without a great variety at each meal, and serve attractive well seasoned foods. In planning institutional meals a great mistake is often made in serving the same foods combination on the same day of each successive week. Variety and balance are best achieved by planning on paper the meals for the entire week, then deciding as a whole whether the correct energy-giving and building foods have been

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included. Following are suggestions for planning an institutional breakfast, dinner and supper.

A breakfast should consist of fruit, either fresh or stewed, a cereal (uncooked cereals cost less than half what prepared cereals cost), some protein food such as eggs, fish, hash or bacon (eggs are cheaper and better than meat unless they are very high priced), some form of bread, toast, muffins, rolls or dill cakes, a hot drink such as coffee, cocoa or tea.

Dinner: Soup, a clear stock with vegetables if a meat dinner follows, or a cream soup with fish or a meat substitute. (Soup may be omitted). Meat may be served as a roast, meat loaf, meat pie, or stew. This uses all cuts of meat also left-overs. Potatoes and one other vegetable or green vegetables such as require cooking. These may be served creamed, fried, scalloped, or baked. Salad is desired, green vegetables with a light dressing. Dessert—milk puddings, jellies, pastries once or twice a week. Bread, butter and tea.

Supper: A hot dish such as chops, meat pie, or a cheese dish such as macaroni and cheese, soufflé or rarebit, or cold meat and salad or a cream soup. Potatoes in some form, bread and butter, fresh fruit or some sauce, some form of cake, biscuits, tea or milk.

After the menu has been decided upon, the important thing is preparing and cooking the food called for. The objects of cooking are to make food palatable, to develop flavor, to make more digestible and to destroy harmful bacteria. The effect of heat at different temperatures must be understood to get the best nutritive results. One must use good material, measure accurately, and combine the ingredients properly. The effect of heat on different foods is an interesting study. For example, in a grain or cereal the starch of protein is enclosed in walls of cellulose. The cereal must be cooked long enough to soften the cellulose and burst the starch grains inside. The time of cooking depends upon the kind of starch grain; for example, potatoes have little cellulose and much water, therefore they require little cooking, while cereals or wheat grains contain little water, the cellulose is tough and requires long cooking.

#### Green Vegetables.

Green vegetables should be eaten raw whenever possible, because mineral matter is lost in the water in which they are cooked, and cooking softens the cellulose. Both the mineral matter and cellulose are necessary to keep the body healthy.

Eggs and meat are protein foods and intense cooking coagulates this protein, making it indigestible. If raw meat could be served in an appetizing way, and if there were no danger of injurious effect, it would be more digestible than cooked meat. But flavor has much to do with digestibility and appetite for meat, and cooking brings out the flavor. When milk is heated a scum rises to the top. This is coagulated albumen and fat, and is consequently indigestible.

Disease is very often due to improper foods and more attention is being paid each year to the study of cookery and nutrition. Knowledge of nutrition is still in its infancy, but recent developments are proving with proper attention to diet is the way to combat disease.

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## Halifax Infirmary Medical Society and Nurses Elect Officers

The annual meeting of the Halifax Infirmary Medical Society, Halifax, was held on the second Thursday of January. At this meeting many interesting discussions took place and the hospital report for the year was read.

The election of officers took place and the following were appointed for 1926:

**ADVISORY BOARD:** Doctors John Stewart, Tobin, F. U. Anderson, G. H. Murphy, V. N. MacKay.

**OFFICERS' EXECUTIVE STAFF**—President, Dr. M. G. Burris; Vice-President, Dr. Grace Rice; Secretary, Dr. W. L. Muir.

**OTHER MEMBERS:** Doctors G. H. Murphy, J. G. Macdougall, D. J. MacDonald, S. J. MacLennan, J. R. Corston, S. R. Johnston, P. D. McLarren, H. W. Schwartz.

### Alumnae Elects Officers

At the annual meeting of the Halifax Infirmary Nurses' Alumnae, held Thursday, January 21st, the following officers were elected:

President, Miss Vera White, R.N.; Vice-President, Miss Eva White, R.N.; Treasurer, Miss Marie Chisholm, R.N.; Recording Secretary, Miss Doris Canty, R.N.; Corresponding Secretary, Miss Mayme Spares, R.N.

### Annual Retreat

The annual retreat for the student and graduate nurses of the Infirmary, conducted by Rev. Father Knox, S.J., opened January 17th, and closed Thursday, the 21st. Twenty-five nurses attended the very interesting and practical lectures.

### Added Equipment

The Infirmary has recently added to its equipment a "Metabolism Apparatus" (Sanborn Graphic). This not only contributes to hospital efficiency, but also to the comfort of the patients who, up to the present time, have been obliged to go outside the Infirmary for this test.

## Among Our Hospitals

(Continued from page 21)

### Fine Facilities.

On each of the floors of the building there are balconies constructed for the airing of clothes and for the use of patients. On the west side of the building connecting the entire height of the building and leading to the corridors on the different floors, are the sun rooms for convalescent patients.

A bridge from the second floor has also been constructed to connect up the old with the new building, so that a greater use can be made of the old building without either patients or staff having to go outside in bad weather.

It is interesting to note that the first sod was turned by His Lordship Bishop Morrison on the

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23rd day of April, and that in a period of about 17 weeks the exterior and interior structural features of the building were completed, making what is conceded to be a record in building construction in the Maritime Provinces.

The contractors have until the first of May to complete the building, but it is expected that it will be ready for occupancy early in February.

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We are deeply appreciative of Mr. Keen's splendid work in connection with the Beck Memorial Endowment.

Yours very truly,

F. H. PRATTEN,  
*Medical Superintendent*

FHP/T

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